

CITY OF WINTER GARDEN- PERMIT APPLICATION

300 WEST PLANT ST. WINTER GARDEN, FL 34787 407-656-4111 EXT 2245, FAX 407-656-0839

PERMIT# _____ REC'D BY _____ DATE SUBMITTED _____

JOB ADDRESS (INCLUDE SUITE #) _____

SUBDIVISION _____ LOT# _____ MODEL NAME _____

LOT SIZE _____ SET BACKS: FRONT _____ REAR _____ SIDES _____ SIZE OF BLDG _____

DESCRIBE WORK: _____ TYPE CONST _____

VALUATION OF COMPLETED WORK: _____ TOTAL SF _____

CONTACT NAME: _____ PHONE# _____

FAX# _____ E-MAIL ADDRESS _____

OWNER NAME & ADDRESS _____

_____ PHONE# _____

CONTRACTOR BUSINESS NAME & ADDRESS _____

_____ PHONE# _____

LICENSE HOLDER NAME _____ STATE LICENSE# _____ EXP _____

**LIST ALL LICENSED SUB-CONTRACTORS NAME, LICENSE#, ADDRESS, PHONE NUMBER.
PLEASE INCLUDE POWER OF ATTORNEY FOR EACH WITH APPLICATION:**

ELEC-CONTRACTOR BUSINESS NAME _____ PHONE # _____

LICENSE HOLDER NAME _____ LICENSE# _____

MECH-CONTRACTOR BUSINESS NAME _____ PHONE# _____

LICENSE HOLDER NAME _____ LICENSE# _____

PLBG-CONTRACTOR BUSINESS NAME & ADDRESS _____ PHONE # _____

LICENSE HOLDER NAME _____ LICENSE# _____

OTHR-CONTRACTOR BUSINESS NAME & ADDRESS _____ PHONE # _____

LICENSE HOLDER NAME _____ LICENSE# _____

ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE ABOVE AND ALL APPLICABLE CITY CODES AND ORDINANCES.

PERMIT VOID IF CONSTRUCTION NOT STARTED WITHIN SIX (6) MONTHS OR IF CITY ORDINANCE IS VIOLATED.

HAVE SIGNATURE NOTARIZED AND COMPLETE LIEN LAW REQUIREMENTS IF JOB IS OVER \$2,500.

SUBMISSION OF APPLICATION DOES NOT CONSTITUTE PERMIT ISSUANCE. NO WORK SHALL COMMENCE PRIOR TO PERMIT ISSUANCE.

Signature _____

Owner

State of Florida

County of _____

Subscribed and sworn to (or affirmed) before me this

(Date)

By _____

Who is/are personally known to me or has/have produced

(Type of Identification)

Notary Public

Signature _____

Contractor

State of Florida

County of _____

Subscribed and sworn to (or affirmed) before me this

(Date)

By _____

Who is/are personally known to me or has/have produced

(Type of Identification)

Notary Public

LIEN LAW REQUIREMENTS

OWNER ADDRESS	_____
	CITY _____ STATE _____ ZIP _____
TITLE HOLDER	_____
	(if other than owner's)
Title Holder Address	_____
	(if other than owner's)
	CITY _____ STATE _____ ZIP _____
CONTRACTOR NAME	_____ LICENSE# _____
Address	_____
	CITY _____ STATE _____ ZIP _____
COUNTY	_____
LEGAL DESCRIPTION	_____
TAX FOLIO #	_____
BONDING COMPANY	_____
BONDING CO ADDRESS	_____
	CITY _____ STATE _____ ZIP _____
ARCHITECT	_____
ADDRESS	_____
	CITY _____ STATE _____ ZIP _____
MORTGAGE LENDER	_____
ADDRESS	_____
	CITY _____ STATE _____ ZIP _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for WELLS, POOLS, FURNANCES, BOILERS, HEATERS, TANKS, AIR CONDITIONING, FENCE, SCREENS, ETC.

A CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST BE ISSUED TO THE BUILDING DEPARTMENT WHEN APPLICATION IS SUBMITTED & BEFORE ANY INSPECTIONS CAN BE PERFORMED.

OWNERS AFFIDAVIT: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING. NOTICE OF COMMENCEMENT WILL BE POSTED ON JOB SITE WITH PERMITS.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTENDED TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR/AND ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

CONTRACTOR: ACCEPTANCE OF PERMIT IS VERIFICATION THAT I WILL NOTIFY THE OWNER OF THE PROPERTY OF THE REQUIREMENTS OF FLORIDA LIEN LAW, FS713.

OFFICE USE ONLY		
	DATE	APPROVED BY
BLDG	_____	_____
P & Z	_____	_____
FIRE	_____	_____
UTILITIES	_____	_____
ENGINEERING	_____	_____